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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90083 029 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000048142

1. Corporation Name
PRIDE RENOVATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1756 NE 12TH ST
 FT LAUDERDALE FL 33304
 US

Mailing Address
 1756 NE 12TH ST
 FT LAUDERDALE FL 33304
 US

3. Date Incorporated or Qualified
06/15/1995

4. FEI Number
65-0587498

Applied For
 Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONLEY, JIMMY
 230 NW 190TH AVE
 PEMBROKE PINES FL 33029

81 Name **DONLEY, JIMMY**

82 Street Address (P.O. Box Number is Not Acceptable)
1756 NE 12TH ST.

83

84 City **FORT LAUDERDALE FL** 85 Zip Code **33304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
 NAME **DONLEY, JIMMY**
 STREET ADDRESS **11831 N.W.30TH PLACE**
 CITY-ST-ZIP **SUNRISE FL 33323**

1.1 TITLE **PRESIDENT**
 1.2 NAME **DONLEY, JIMMY**
 1.3 STREET ADDRESS **1756 NE 12TH ST.**
 1.4 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **VP**
 NAME **ALBERT, EDDIE L**
 STREET ADDRESS **2274 COMMUNITY DR**
 CITY-ST-ZIP **WALDORF MD 20601-3960**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JIMMY D. DONLEY** 4/29/99 954.764.8465 954.629.9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)